

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						10/555443	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
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50							
TOTAL IND.	2	↓	4	↓			
TOTAL DEP.	10	←	8	←			
TOTAL CLAIMS	12		12				

	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓			↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS						